

## **Table of Contents**

**State/Territory Name: Iowa**

**State Plan Amendment (SPA) #: 16-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

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August 11, 2016

Charles M. Palmer, Director  
Department of Human Services  
Hoover State Office Building  
1305 East Walnut Street, 5<sup>th</sup> Floor  
Des Moines, IA 50319-0114

Dear Mr. Palmer:

On May 24, 2016, the Centers for Medicare & Medicaid Services (CMS) received Iowa's State Plan Amendment (SPA) transmittal #16-0006, with a proposed effective date of April 1, 2016. This SPA is requesting approval to remove references to PCCM, the authority under which the current MediPASS program operates, as this program is being replaced by Iowa's Medicaid Modernization Initiative. References are also removed from the current MCO program, as the Initiative will now operate under a new 1915 (b) waiver, versus state plan authority.

This SPA 16-0006 was approved on August 09, 2016, with an effective date of April 1, 2016, as requested by the state. Enclosed is a copy of the CMS-179 form, as well as, the approved page for incorporation into the Iowa State plan.

If you have any questions regarding this amendment, please contact Gail Brown at (816) 426-5925 or [Gail.Brown@cms.hhs.gov](mailto:Gail.Brown@cms.hhs.gov)

Sincerely,

//s//

James G. Scott  
Associate Regional Administrator  
for Medicaid and Children's Health Operations

Enclosures

cc:  
Mikki Stier, Medicaid Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER	2. STATE
		1 6 — 0 0 6	IOWA
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
		4. PROPOSED EFFECTIVE DATE <div style="text-align: right;">April 1, 2016</div>	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION		7. FEDERAL BUDGET IMPACT	
42 CFR 438		a. FFY 2016 \$ (59,800,000)	
		b. FFY 2017 \$ (119,600,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
Attachment 3.1-A, Page 17		Attachment 3.1-A, Page 17	
10. SUBJECT OF AMENDMENT			
Removes references to PCCM, the authority under which the current MediPASS program operates, as this program is replaced by the Initiative. References are also removed to the current MCO program as the Initiative will now operate under a new 1915(b) waiver. <span style="float: right;">29</span>			
11. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO  CHARLES M. PALMER DIRECTOR DEPARTMENT OF HUMAN SERVICES 1305 EAST WALNUT 5TH FLOOR DES MOINES IA 50319-0114	
13. TYPED NAME <div style="text-align: center;">CHARLES M. PALMER</div>			
14. TITLE <div style="text-align: center;">DIRECTOR</div>			
15. DATE SUBMITTED <div style="text-align: center;">5-24-16</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED <div style="text-align: center;">May 24, 2016</div>		18. DATE APPROVED <div style="text-align: center;">August 9, 2016</div>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL <div style="text-align: center;">April 1, 2016</div>		20. SIGNATURE OF REGIONAL OFFICIAL <div style="text-align: center;">/s/</div>	
21. TYPED NAME <div style="text-align: center;">James G Scott</div>		22. TITLE Associate Regional Administrator for Division of Medicaid and Children's Health Operations	
23. REMARKS			

State/Territory: Iowa

Attachment 3.1 – A  
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TN No. IA-16-006  
Supersedes  
TN. No. MS-07-020

Approval Date August 9, 2016 Effective Date April 1, 2016